Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS

PAGE

6-1

STERILIZATION CLINIC MANUAL

TRANSMITTAL LETTER	
STR-13	

DATE 07/01/00

601 INTRODUCTION

- (A) The maximum allowable fee for a sterilization service payable to licensed ambulatory sterilization clinics is the fee listed in the applicable Division of Health Care Finance and Policy fee schedule or the provider's usual fee or charge, whichever is less.
- (B) Sterilization services include at least the following: preoperative evaluation and counseling, laboratory services, anesthesia, and postoperative care.
- (C) All claims for sterilization services must have a completed Consent for Sterilization (CS-18 or CS-21) form attached to the claim form (see 130 CMR 485.409).

602 SERVICE CODES AND DESCRIPTIONS

The following services include local anesthesia or intravenous sedation and all physician and clinic services.

Service Code	Service Description
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (S.P.)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	with occlusion of oviducts by device (e.g., band, clip, or Falope ring)

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

SUBCHAPTER NUMBER AND TITLE
6 SERVICE CODES AND DESCRIPTIONS

PAGE

6-2

STERILIZATION CLINIC MANUAL

TRANSMITTAL LETTER

DATE

STR-13

07/01/00

THIS PAGE IS RESERVED.